PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

o Puinder the Papery	Reduction Act o	of 1995 no pers	ons are required to re					TMENT OF COMME alid OMB control nur	
TRADEM!	Complete if Known								
Fees porsuant to t	Application N	10/021,661	1,661						
FEE	Filing Date Octo		October 30	ober 30, 2001					
	First Named Inventor Wuch		Vucherer	herer					
Analisant el	Examiner Na	Rones, Cha	es, Charles						
✓ Applicant cl	Art Unit	2164							
TOTAL AMOUN	T OF PAYMENT	(\$)	455.00	Attorney Doc	ket No.	TRIRG-088	51US0		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Vierra Magen Marcus  Deposit Account Deposit Account Number: 501826  Deposit Account Name: Harmon & DeNiro II P									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
• Credit any overpayments • Credit any overpayments									
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCUL	ATION								
1. BASIC FILII	NG, SEARCH,		NATION FEES						
	FIL	.ING FEES <u>Small E</u> i		RCH FEES Small Entity		INATION F Small Er			
<b>Application</b>	<u> Fee</u>	(\$) <u>Fee (</u>			Fee (			Fees Paid (\$)	
Utility	30	0 150	500	250	200	100	_		1
Design	20	0 100	100	50	130	65	_		I
Plant	20	0 100	300	150	160	80	-		1
Reissue	30	0 150	500	250	600	300	-		
Provisional	20	0 100	0	0	0	0	-		1
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues)						<u>Fee</u>		ee (\$) 25	:
Each independent claim over 3 (including Reissues)						20	-	100	
Multiple de			36	0	180	]			
Total Claims	e Paid (\$)	<u>Mult</u>	Multiple Dependent Claims						
	20 or HP = mber of total claims	X _	=			Fee	<u>(\$)</u>	Fee Paid (\$)	
Indep. Claims		paid ioi, ii giea i Claims		e Paid (\$)			<del></del>		
3	or HP =	x _	200 =	0					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): RCE and One-month extension fee 455.00									
UBMITTED BY								· · · · · · · · · · · · · · · · · · ·	
ignature	0	260	2	Registration No	D. 56,177	Te	elephone 41	5-369-9660	-
ame (Print/Type) Walter Coronel							Date 8/1/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.